

A05000000772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

7392

A05-772

RA/RD change

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03/16/06--01035--025 **52.50

APPROVED
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06 MAR 16 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LINCOLN ROAD PENTHOUSE, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A05000000772

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JAMES I KRAMER

(Contact Person)

KRAMER & ASSOCIATES, PA

(Firm/Company)

890 SOUTH DIXIE HIGHWAY

(Address)

CORAL GABLES, FL. 33146

(City, State and Zip Code)

For further information concerning this matter, please call:

JAMES I KRAMER

(Name of Contact Person)

at (**305**) **669-1511**

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. LINCOLN ROAD PENTHOUSE LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/19/2005

Date of filing/registration in Florida

3. A05000000772

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICES COMPANY

Name

1201 HAYS STREET

Address

TALLAHASSEE, FL. 32301-2525

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

JAMES I KRAMER

Name

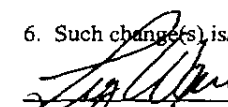
890 SOUTH DIXIE HIGHWAY

Florida street address (P.O. Box not acceptable)

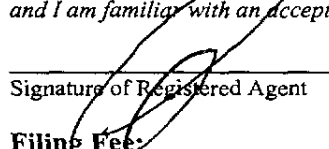
CORAL GABLES FL 33146

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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